I TRAVEL VOUCHER OR SUBVOUCHER I form					form	ad Privacy Act Statement, Penalty Statement, a m. Use typewriter, ink, or ball point pen. PRE ace is needed, continue in remarks.					t, and Instru ESS HARD	and Instructions on back before completing SS HARD. DO NOT use pencil. If more					
						E OF PAYMENT (X		(as applicable)			3. FOR D.O. USE ONLY						
Ele	ctronic	nic Fund Transfer (EFT) Payment by Ch			neck TE		DY		Member/ Employee		PCS	a. D.O. V	OUCHER NUM	BER			
Sp	Split Disbursement: Amt to Govt Tvl Charge Card \$				С	other		Dependent(s)		DLA							
4. NAME	(Last,	First, Middl	le Initial) (F	Print or type	e)			5. GRA			SSN	·		b. SUBV	OUCHER NUME	3ER	
7. ADDR	ESS. a	. NUMBER	AND STR	EET		b. CITY			c. STATE d. ZIP CODE			c. PAID E	BY				
	ME TE	LEPHONE	NUMBER	& 9. T	RAVEL (ORDER I	NUMBER		10. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES								
11. ORG	ANIZAT	ION AND	STATION														
		T(S) (X and	complete	as applical				13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)									
	COMP					COMPA		DIDTL)		_,p					
a. NA	ME (La	st, First, Mi	ddle Initial,) b. F	RELATIONSHIP C. DATE OF OR MARR			RIAGE	4								
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									14. HAVE HOUSEHOLD GOODS BEEN SHIPPED?			-					
									YES NO (Explain in Remain			n Remarks)	d. COMP	d. COMPUTATIONS			
15. ITINE	RARY								1			T					
a. DATE (Home, Office, Base, Activity, City State; City and Country, etc.				nd		c. MEANS/ MODE OF TRAVEL	REA F	d. ASON OR OP	e. LODGING COST	f. POC MILES							
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	ARR													(1) Per [Diem		
	DEP													(2) Actua	al Expense Allov	vance	
ARR										(3) Milea	ige						
16. POC TRAVEL (X one) OWN/OPERATE PASSI				SSENGE	R		17. DI	JRATION OF T	DY TRAVE	L (4) Depe	endent Travel						
18. REIMBURSABLE EXPENSES								42 LIQUIDS O	DIECC	(5) DLA							
a. DATE b. NATURE C		RE OF EXP	E OF EXPENSE			c. AMOUNT		/ED		12 HOURS O	K LESS	(6) Reim	(6) Reimbursable Expenses				
												MORE THAN	12 HOURS	(7) Total			
												BUT 24 HOUF	RS OR LES	S (8) Less	Advance		
												MODE TUAN	24 LIQUIDO	(9) Amo	unt Owed		
												MORE THAN	24 HOURS	(10) Amo	unt Due		
											19. G	OVERNMENT/	DEDUCTIBL	E MEALS			
												a. DATE	b. NO.	OF MEALS	a. DAT	E	b. NO. OF MEALS
20.a. CLAIMANT SIGNATURE b. DATE					21.a. APP	ROVIN	IG OF	FICER SIGNAT	URE				b. DATE				
22 ACC	TINTI	IG CLASSI	FICATION						<u> </u>								1
22. ACC	JUNTIN	IG CLASSI	FICATION	_													
23. COLI	ECTIO	N DATA															
				AVEL ORDER STED BY	₹	27. RI	CEIV	ED (Pa	ayee Signature	and Date or	Check No.)		28. AM	OUNT PAID			

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 5701, 37 USC 404-427, and EO 9397.

PRINCIPAL PURPOSE(S): Used for reviewing, approving, accounting and disbursing for official travel. SSN is used to maintain a numerical identification system for individual claims.

ROUTINE USE(S): To substantiate claims for reimbursement for official travel.

DISCLOSURE: Voluntary; however, failure to furnish information requested may result in total or partial denial of amount claimed.

PENALTY STATEMENT

There are severe criminal and civil penalties for knowingly submitting a false, fictitious, or fraudulent claim (U.S. Code, Title 18, Sections 287 and 1001 and Title 31, Section 3729).

INSTRUCTIONS

ITEM 1 - PAYMENT

Member must be on electronic funds (EFT) to participate in split disbursement. Split disbursement is a payment method by which you may elect to pay your official travel card bill and forward the remaining settlement dollars to your predesignated account. For example: \$250.00 in the "Amount to Government Travel Charge Card" block means that \$250.00 of your travel settlement will be electronically sent to the charge card company. Any dollars remaining on this settlement will automatically be sent to your predesignated account. Should you elect to send more dollars than you are entitled, "all" of the settlement will be forwarded to the charge card company. Notification: you will receive your regular monthly billing statement from the Government Travel Charge Card contractor; it will state: paid by Government, \$250.00, 0 due. If you forwarded less dollars than you owe, the statement will read as: paid by Government, \$250.00, \$15.00 now due. Payment by check is made to travelers only when EFT payment is not directed.

REQUIRED ATTACHMENTS

- 1. Original and/or copies of all travel orders and amendments, as applicable.
- 2. Two copies of dependent travel authorization if issued.
- 3. Copies of secretarial approval of travel if claim concerns parents who either did not reside in your household before their travel and/or will not reside in your household after travel.
- 4. Copy of GTR, MTA or ticket used.
- 5. Hotel/motel receipts and any item of expense claimed in an amount of \$75.00 or more.
- 6. Other attachments will be as directed.

ITEM 15 - ITINERARY - SYMBOLS

15c. MEANS/MODE OF TRAVEL (Use two letters)

GTR/TKT	- T	Automobile	- A
Government Transportation	- G	Motorcycle	- M
Commercial Transportation		Bus	- B
(Own expense)	- C	Plane	- P
Privately Owned		Rail	- R
Conveyance (POC)	- P	Vessel	- V

15d. REASON FOR STOP

Authorized Delay	- AD	Leave En Route	- LV
Authorized Return	- AR	Mission Complete	- MC
Awaiting Transportation	- AT	Temporary Duty	- TD
Hospital Admittance	- HA	Voluntary Return	- VR
Hospital Discharge	- HD	·	

ITEM 15e. LODGING COST

Enter the total cost for lodging.

ITEM 19 - DEDUCTIBLE MEALS

Meals consumed by a member/employee when furnished with or without charge incident to an official assignment by sources other than a government mess (see JFTR, par. U4125-A3g and JTR, par. C4554-B for definition of deductible meals). Meals furnished on commercial aircraft or by private individuals are not considered deductible meals.

29. REMARKS

EMPLOYEES: INDICATE DATES ON WHICH LEAVE TAKEN FOR MORE THAN 4	1
UNIFORMED MEMBERS: INDICATE DATES ON WHICH LEAVE WAS TAKEN	